



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

Fee \$35.00

POISON MANUFACTURER/DISTRIBUTOR LICENSE APPLICATION

FIRM NAME			
ADDRESS			
CITY	STATE	ZIP	TELEPHONE ()
CONTACT PERSON(S)			
NAME		TITLE	
NAME		TITLE	
Please indicate which applies to your company.			
The firm named above		<input type="checkbox"/> Arsenic	
<input type="checkbox"/> manufacturers		<input type="checkbox"/> Cyanide	
<input type="checkbox"/> distributes the following poisons:		<input type="checkbox"/> Strychnine	
CORPORATE OFFICERS: List name, address and title of corporate officers, partners or owner(s).			
NAME	ADDRESS		TITLE

I _____ being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application are true and correct.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature _____

For the state of _____

Residing at _____

My Commission Expires _____

SEAL